

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34476

FILED OCT 30 1948 318

1003

Registrar's No. 90273

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Samuel S. Meyers

3. (b) If veteran, name war no 3. (c) Social Security No. 487-22-6916

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 23 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Samuel S. Meyers Sr

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Coyle

15. Birthplace Edenberg Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriet Schuerman

(b) Address 9348 Rambler Dr. Afton, Mo.

17. (a) Burial (b) Date thereof 10/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) J. B. Lasater (b) J. B. Lasater
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County acc
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7413 Sharpe
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1948 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 2-8-36 to 10-18-48
that I last saw him alive on 10-12-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day
Due to Chronic myocarditis 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 7/3 Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Lasater (M. D. or other) MD
Address 3616 S. Broadway Date signed 10-19-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.